Name: (SARLAND 2018 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. "Away " BARR State: District: 55 Daytime Telephone: 202-225-4706 Amendment For Use by Members, Officers, and Employees Form A Officer or Employee Employing Office: Terminetion Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 2019 MAYOHE BY Bingp Shared Staff Filer Type: (If Applicable) HAND HAND Principal Assistant

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reporteble positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	I. Did any individual or organization make a donation to charity in fleu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liebility (more then \$10,000) et eny point during the reporting period?
Yes No X	H. Did you, your spouse, or your dependent child recaive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse heve "eerned" income (e.g., seleries, honoreria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more then \$390 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange eny securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrengement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable esset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No X	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes 🛚 No 🗌	TRUSTS - Deteils regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No X	IPO — Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yas" to this question, pleese contact the Committee on Ethics for further guidance.

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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If you so choose, you may indicate thet en asset income source is thet of your spouse (SP) dependent child (DC), or jointly held with anyone (JI in the optional column on the far left. ¥ For bank and other cash accounts, total the amount in ell interest-beering accounts, if the total is over \$5,000, list every financial institution where there is more then \$1,000 in interest-beering accounts. For all IRAs and other retirement plens (such as 401(k) plans) provide the velue for each esset held in the eccount thet exceeds the reporting thresholds. pleese refer to the instruction booklet For e deteiled discussion of Schedule A requireme Provide complete nemes of stocks end mutuel funds (do not use only ticker symbols). Exclude: Your personel rasidence, including secon thet is not publicly traded, state business the natura of its activities For en ownership interest in e privetely-held business For rental and other raal property held for investment provide e complete eddress or description, e.g., "rental end (b) eny other reportable esset or source of income thet generated more then \$200 in "uneerned" income property," and a city and state. production of income end with e fair merket value exceeding \$1,000 et the end of the raporting period. etirement progrem, including the Thrift Sevings Plen. come during the reporting period); end eny finenciaterest in, or income derived from, e federaterest. acetion in Block A. during the year. dentify (e) eech esset you raport e privetely-traded fund thet is en Excepte restment Fund, please check the "EIF" box. omes end vacetion homes (unless there was renta Assets end/or income Sources Examples VANGUARD TARGET 2045 HILLAND HOLON MKT AMERICAN FUNDS CHOUTH VANGMENTS GRANTH PFIZER STOCK KEYC-PP eech esset held for investment or income end with e fair merket value Ŷ Simon & Schuster ABC Hedge Fund Mega Corp. Slock the name of the and its geographic × 8 None you heve no interest. If en esset wes sold during the reporting period end is included only because it generated income, the velue should be "None." Indicate velue of asset et close of the raporting period. If you use e veluetion method other then fair market velue, please specify the method 'Column M is for assets held by your spouse or dependent child in which > \$1-\$1,000 B Indefinite X \$1,001-\$15,000 C \$15,001-\$50,000 ø \$50,001-\$100,000 × ш Velue of Asset \$100,001-\$250,000 П BLOCK B \$250,001-\$500,000 × Q \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 -\$25,000,001-\$50,000,000 * Over \$50,000,000 ~ Spouse/DC Asset over \$1,000,000* z generate tax-deferred income (such es 401(k), F/A, or 529 accounts), you may check the "1ex-Desired" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as inquiral for assets held in taxable accounts. Check "None" if the NONE asset generated no income during the Check all columns that epply. DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCKC EXCEPTED/BLING TRUST TAX-DEFERRED X X õ Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For essets for which you checked "Tex-Deferred" in Block C, you may chack the 'None' column. For all other essets indicate the category of income by checking the appropriete box below. Dividends, Interest, end capital gains, even if relinvasted, must be disclosed as income for assets held in taxable. None accounts. Check "None" if no Income was earned or generated Column XII is for essets held by your spouse or dependent child n which you heve no interest. \$1-\$200 = × × \$201-\$1,000 = \$1,001-\$2,500 × ₹ Amount of Income \$2,501-\$5,000 < \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦ \$100,001-\$1,000,000 Ξ \$1,000,001-\$5,000,000 Over \$5,000,000 \succeq Spouse/DC Asset with Income over \$1,000,000* ≚ blenk if there ere no transactions thet exceeded \$1,000. exchanges (E)
exceeding \$1,000
In the reporting If only e portion of en esset wes sold, please indicete as follows: (S (part)). Indicate if the esset had period. sales (S) or purcheses (P), eave this column Transaction S, S(part), or E BLOCK E

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Garland "Andy" Bart

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15 %	
NW MUTUAL LIFE NW MUTUAL Whole LIFE NWMUTUAL Whole LIFE NWMUTUAL Whole LIFE NOTE FAMILY TRAST PAMER FAMILY GROWN 529 NEW PLIE PECTIVE GROWN 529 NEW PLIES PECTIVE GROWN 529	Assets and/or Income Sources
None	>
\$1-\$1,000	
\$1,001-\$15,000	
	ο
\$15,001-\$50,000	
\$50,001-\$100,000	Value of Asset
\$100,001-\$250,000	F G
\$250,001-\$500,000	G
\$500,001-\$1,000,000	
\$1,000,001-\$5,000,000	
\$5,000,001-\$25,000,000	ن ـــ
\$25,000,001-\$50,000,000	~
Over \$50,000,000	-
Spouse/DC Asset over \$1,000,000*	2
NONE	
DIVIDENDS	
RENT	
INTEREST	
CAPITAL GAINS	- 0
EXCEPTED/BLIND TRUST	oe of Inco
TAX-DEFERRED	Type of Income
Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	ome)
None None	-
\$1-\$200	<u>***</u>
\$201-\$1,000	=
\$1,001-\$2,500	
\$2,501-\$5,000	A M
\$5,001-\$15,000	
\$15,001-\$50,000	v vi
\$50,001-\$100,000	Amount of Income
\$100,001-\$1.000,000	— ≦ Öne
\$1,000,001-\$5,000,000	×
Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,00	<u>≅</u>
P. S. S(part), or E	Transaction

SCHEDULE C - EARNED INCOME

Name: GARLAND "ANDY" BARK Page 4 of 6

PFIZER, List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoreria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. **EXCLUDE**: Military pey (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act Examples: 74. Source (include date of receipt for honoraria) SPOUSE SALARY Approved Teaching Faa Legislativa Pension Spouse Speech Spouse Satary Type <u> こ</u>ア Amount \$6,000 \$18,000 \$1,000

SCHEDULE D - LIABILITIES

Name: GARLAND ARNOY" BARR Page 5 of 6

you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); end liabilities owned to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Merk the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless

				SP.		
	CENS	c v	Example			
	CENTRAL BANK + TRUST	C.V. KAZK	First Bank of Wilmington, DE	Creditor		
	113	1115	5/16	Liability Incurred MO/YR		
STINTO'S 27 TWANTED	Home Equity Lowers	Mourtane outerbands	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	≫'	
	X			\$15,001- \$50,000		
				\$50,001- \$100,000	ი	
			×	\$100,001- \$250,000	0	
•		>	仜	\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	п	Amount of Liability
				\$1,000,001- \$5,000,000	ဝ	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	_	
l				Over \$1,000,000*	· ×	1

SCHEDULE E - POSITIONS

Report all positions, compenseted or uncompenseted, held during the current or prior calendar year as an officer, director, trustee of en orgenization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educationel or other institution other then the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Positions neid in any religious, social, fraternal, or political er	Position Position Position Position Position Position

SCHEDULE F - AGREEMENTS

Name: GARLAND "ANDY" BARR
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
1/12/04	KY EMPONCES BETIREMENT SYSTEM	CASH VALLE \$ 24,439.50 (12/31/18)
,		BENEFIE & 598 MO PANDLE DERNING 8/1/2038

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
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